

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **34506**Registrar's No. **130**

FILED NOV 15 1943

Registration District No. **3017**Primary Registration District No. **3017**

## 1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Dr. Alex VanRenswaay Hospital.**  
(If not in hospital or institution, write street, number or location)  
(d) Length of stay: In hospital or institution **1 Day**  
In this community **All of life.** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Robert Henry Edwards.**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **October 14<sup>th</sup> 1938**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>14</b>	<b>11</b>	<b>24</b>	hr. min.

9. Birthplace **Cooper County, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School boy**

11. Industry or business **---**

MOTHER FATHER { 12. Name **John Edwards**  
13. Birthplace **Cooper County, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Amelia Timm.**  
15. Birthplace **Cooper County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Edwards.**

(b) Address **Buncoston, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 10<sup>th</sup> /43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cem.**

18. (a) Signature of funeral director **Goodman & Roller**  
(b) Address **Boonville, Mo.**

19. (a) **Oct-8-43** (b) **Dr. Chas. Swap.**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **27**  
(c) City or town **Buncoston, Rural** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D.** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **---** **1**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **8<sup>th</sup>**  
year **1943** hour **2** minute **30** p. M.

21. I hereby certify that I attended the deceased from **10-7-** 19 **43** to **10-8-** 19 **43**  
that I last saw him alive on **10-8-** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **GUNSHOT WOUND OF ABD.**  
**PERITONITIS**

Due to **---**

Due to **---**

Other conditions **184**  
(Include pregnancy within 3 months of death) **37**

Major findings:  
Of operations **---**

Of autopsy **---**

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **ACCIDENT**  
(b) Date of occurrence **10-7-43 02:11**  
(c) Where did injury occur? **COOPER, MO.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**FARM.** (Specify type of place)  
While at work? (b) Means of injury **22 RIFLE**

23. Signature **Richard H. Welch** (M. D. or other)  
Address **Boonville, Mo.** Date signed **10-9-43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-3-43

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

*J. H. Goodman*

Licensed Embalmer No. 1178

P. O. Address

*Bonerville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.